## Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF NEW JERSEY                          | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on  | Rochelle                                 |   |
|     | your government-issued picture identification (for example, your driver's  | First name                               | First name                                    |
|     | license or passport).  | Middle name                              | Middle name                                   |
|     | Bring your picture identification to your  | Talbert                                  |   |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |  |  |   |
| 2.  | All other names you have used in the last 8 years  |  |   |
|     | Include your married or maiden names.  |  |   |
|     |  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4830                              |   |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 2 of 48

Debtor 1 Rochelle Talbert Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 17 Bristol Dr North Brunswick, NJ 08902 Number, Street, City, State & ZIP Code  Middlesex County  | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason.                                     |
|    |  | Explain. (See 28 U.S.C. § 1408.)  | Explain. (See 28 U.S.C. § 1408.)   |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 3 of 48

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

**Rochelle Talbert** 

Debtor 1

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 4 of 48

Case number (if known)

| 12.        | Are you a sole proprietor   |           |  |   |
|------------|---|-----------|--|---|
|            | of any full- or part-time business?   | No.       | Go to Part 4.  |   |
|            |   | ☐ Yes.    | Name and location of bu  | siness  |
|            | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.                 |           | Name of business, if any   |   |
|            | If you have more than one sole proprietorship, use a separate sheet and attach  |           | Number, Street, City, Sta  | te & ZIP Code   |
|            | it to this petition.  |           | Check the appropriate be   | ox to describe your business:   |
|            | ·   |           |  | ness (as defined in 11 U.S.C. § 101(27A))   |
|            |   |           | ☐ Single Asset Rea   | Estate (as defined in 11 U.S.C. § 101(51B))   |
|            |   |           | ☐ Stockbroker (as o  | lefined in 11 U.S.C. § 101(53A))  |
|            |   |           | ☐ Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))   |
|            |   |           | ☐ None of the above  | e   |
| 13.        | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |   |
|            | For a definition of small   | ■ No.     | I am not filing under Cha  | oter 11.  |
|            | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am filing under Chapter<br>Code.   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|            |   | ☐ Yes.    | I am filing under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
|            |   |           |  |   |
| Pari       | Report if You Own or  | Have Anv  | Hazardous Property or An   | v Property That Needs Immediate Attention   |
| Par<br>14. | Report if You Own or  Do you own or have any  |           | Hazardous Property or Ar   | y Property That Needs Immediate Attention   |
|            | Do you own or have any property that poses or is  | ■ No.     | Hazardous Property or Ar   | y Property That Needs Immediate Attention   |
|            | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to  |           | Hazardous Property or Ar What is the hazard?   | y Property That Needs Immediate Attention   |
|            | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■ No.     |  | y Property That Needs Immediate Attention   |
|            | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | ■ No.     | What is the hazard?  If immediate attention is   | y Property That Needs Immediate Attention   |

Debtor 1 Rochelle Talbert

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 5 of 48

Debtor 1 Rochelle Talbert Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 6 of 48

| DCD  | Rochelle l'albert   |                                  |  |   | ITIDEL (It known)   |  |  |
|------|---|----------------------------------|--|---|---|--|--|
| Part | 6: Answer These Quest   | ions for Re                      | porting Purposes   |   |   |  |  |
| 16.  | What kind of debts do you have?   | 16a.                             | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose."  □ No. Go to line 16b. |   |   |  |  |
|      |   |                                  | _  |   |   |  |  |
|      |   | 16b.                             | <ul><li>■ Yes. Go to line 17.</li><li>Are your debts primarily business debts? Business debts are debts that you incurred to obtain</li></ul>  |   |   |  |  |
|      |   | TOD.                             | money for a business or investment or through the operation of the business or investment.   |   |   |  |  |
|      |   |                                  | ☐ No. Go to line 16c.  |   |   |  |  |
|      |   |                                  | ☐ Yes. Go to line 17.  |   |   |  |  |
|      |   | 16c.                             | State the type of debts you ov   | we that are not consumer debts or bus   | iness debts   |  |  |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.                            | I am not filing under Chapter ?  | 7. Go to line 18.   |   |  |  |
|      | Do you estimate that after any exempt property is excluded and                          | ■ Yes.                           |  | o you estimate that after any exempt pailable to distribute to unsecured credit   | property is excluded and administrative expenses tors?  |  |  |
|      | administrative expenses   |                                  | ■ No   |   |   |  |  |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                                  | ☐ Yes  |   |   |  |  |
| 18.  | How many Creditors do you estimate that you owe?  | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | · =  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |
| 19.  | How much do you estimate your assets to be worth?                                       | □ \$100,0                        | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
| 20.  | How much do you estimate your liabilities to be?  | □ \$100,0                        | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
| Part | 7: Sign Below   |                                  |  |   |   |  |  |
| For  | you   | I have ex                        | amined this petition, and I decl   | are under penalty of perjury that the ir  | nformation provided is true and correct.  |  |  |
|      |   |                                  |  |   | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.                                     |  |  |
|      |   | documen                          | orney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ent, I have obtained and read the notice required by 11 U.S.C. § 342(b).                 |   |   |  |  |
|      |   | ·                                |  | napter of title 11, United States Code,   |   |  |  |
|      |   | bankrupto<br>and 3571            | y case can result in fines up to   |   | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,                             |  |  |
|      |   | Rochell                          | e Talbert of Debtor 1  | Signature of De   | ebtor 2   |  |  |
|      |   | Executed                         | on September 12, 2017 MM / DD / YYYY   | Executed on _   | MM / DD / YYYY  |  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 7 of 48

Debtor 1 Rochelle Talbert Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Yakov Rudikh, Esq. Signature of Attorney for Debtor              | Date          | September 12, 2017 MM / DD / YYYY |
|--|---------------|-----------------------------------|
| Yakov Rudikh, Esq.   |               |                                   |
| Rudikh & Associates, LLC   |               |                                   |
| 223 Route 18 South, Suite 108 East Brunswick, NJ 08816               |               |                                   |
| Number, Street, City, State & ZIP Code  Contact phone (732) 659-6961 | Email address | rudikhlawgroup@gmail.com          |
| <b>001652007</b> Bar number & State                                  |               |                                   |

#### Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 8 of 48

|                     |                        | 2000                | The tagget of the |  |
|---------------------|------------------------|---------------------|-------------------|--|
| Fill in this inform | ation to identify your | case:               |                   |  |
| Debtor 1            | Rochelle Talbert       |                     |                   |  |
|                     | First Name             | Middle Name         | Last Name         |  |
| Debtor 2            |                        |                     |                   |  |
| (Spouse if, filing) | First Name             | Middle Name         | Last Name         |  |
| United States Ban   | kruptcy Court for the: | DISTRICT OF NEW JEF | RSEY              |  |
| Case number         |                        |                     |                   |  |
| (if known)          |                        |                     |                   |  |
|                     |                        |                     |                   |  |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |  | Your as<br>Value o | ssets<br>f what you own       |
|-----|--|--------------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$                 | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 6,375.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 6,375.00                      |
| Pai | t 2: Summarize Your Liabilities  |                    |                               |
|     |  |                    | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 18,034.00                     |
|     | Your total liabilities   | \$                 | 18,034.00                     |
| Paı | tt 3: Summarize Your Income and Expenses   |                    |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 3,536.12                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 3,405.6                       |
| Pai | Answer These Questions for Administrative and Statistical Records  |                    |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch       | nedules.                      |
|     | ■ Yes  |                    |                               |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

## Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 9 of 48

Debtor 1 Rochelle Talbert Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

\$\_\_\_\_\_\_4,374.10

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

## Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 10 of 48

|  |  | Document                          | t Page 10 of 48  |   |
|--|--|-----------------------------------|--|---|
| Fill in this infor   | mation to identify your                                    | case and this filing:             |  |   |
| Debtor 1   | Rochelle Talbert   |                                   |  | 7   |
|  | First Name   | Middle Name                       | Last Name  |   |
| Debtor 2<br>(Spouse, if filing)                                  | First Name   | Middle Name                       | Last Name  |   |
| United States Ra   | ankruntov Court for the                                    | DISTRICT OF NEW JERSE             | =Y   |   |
| Officed States Da  | ankruptcy Court for the.                                   | DISTRICT OF NEW JERGE             | - '  |   |
| Case number _  |  |                                   |  | ☐ Check if this is an amended filing  |
| Official Fo  | orm 106A/B   |                                   |  |   |
| Schedul  | e A/B: Prop  | erty                              |  | 12/15   |
| think it fits best. E<br>nformation. If mor<br>Answer every ques | Be as complete and accurate space is needed, attach stion. | ate as possible. If two married   | e. If an asset fits in more than one category,<br>beople are filing together, both are equally red<br>On the top of any additional pages, write you<br>ou Own or Have an Interest In | sponsible for supplying correct   |
| . Do you own or  | have any legal or equitabl                                 | le interest in any residence, bui | lding, land, or similar property?  |   |
| ■ No. Go to Pa   | rt 2.  |                                   |  |   |
| ☐ Yes. Where   | is the property?   |                                   |  |   |
| Part 2: Describe   | Your Vehicles  |                                   |  |   |
| 3. Cars, vans, tr  | rucks, tractors, sport u                                   | tility vehicles, motorcycles      |  |   |
| □ Yes  |  |                                   |  |   |
| <b>—</b> 103   |  |                                   |  |   |
|  |  |                                   | vehicles, other vehicles, and accessories, snowmobiles, motorcycle accessories   | es  |
| ■ No   |  |                                   |  |   |
| ☐ Yes  |  |                                   |  |   |
|  | -  | -                                 | ies from Part 2, including any entries fo  | \$0.00  |
| Part 3: Describe   | Your Personal and Hous                                     | sehold Items                      |  |   |
|  |  | table interest in any of the f    | ollowing items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: Ma<br>☐ No   |  | e, linens, china, kitchenware     |  |   |
| Yes Desc   |  |                                   |  |   |
| Yes. Desc  |  |                                   |  |   |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 11 of 48

| ט   | enroi Ko  | ocnelle l'albe                      | rt:  |                         | (                         | ase number (if known)     |  |
|-----|---|-------------------------------------|--|-------------------------|---------------------------|---------------------------|--|
|     |   |                                     |  |                         |                           |                           |  |
| 8.  |   | ntiques and fig                     | urines; paintings, print<br>s, memorabilia, collecti |                         | oks, pictures, or other a | ırt objects; stamp, coin, | or baseball card collections;  |
|     | ■ No □ Yes. Desc                                | cribe                               |  |                         |                           |                           |  |
| _   |   |                                     |  |                         |                           |                           |  |
| 9.  | Examples: S                                     | or sports and ports, photogra       | aphic, exercise, and otl                             | her hobby equipment;    | bicycles, pool tables, g  | olf clubs, skis; canoes a | nd kayaks; carpentry tools;  |
|     | ☐ Yes. Desc                                     | cribe                               |  |                         |                           |                           |  |
| 10  | _ ·   | Pistols, rifles, s                  | shotguns, ammunition,                                | and related equipmen    | t                         |                           |  |
|     | ■ No □ Yes. Desc                                | crihe                               |  |                         |                           |                           |  |
|     |   | CIIDC                               |  |                         |                           |                           |  |
| 11. | . Clothes<br>Examples: E<br>☐ No                | Everyday cloth                      | es, furs, leather coats,                             | designer wear, shoes    | , accessories             |                           |  |
|     | Yes. Desc                                       | cribe                               |  |                         |                           |                           |  |
|     |   | C                                   | Clothing   |                         |                           |                           | \$500.00   |
|     |   |                                     |  |                         |                           |                           |  |
| 13  | ■ No □ Yes. Desc.  Non-farm al Examples: [ ■ No | cribe<br>nimals<br>Dogs, cats, bird |  | ngagement rings, wed    | lding rings, heirloom jev | velry, watches, gems, go  | old, silver  |
|     | ☐ Yes. Desc                                     | cribe                               |  |                         |                           |                           |  |
| 14  | . Any other p  ■ No                             | ersonal and h                       | ousehold items you                                   | did not already list, i | ncluding any health a     | ids you did not list      |  |
|     | ☐ Yes. Give                                     | e specific inform                   | nation   |                         |                           |                           |  |
| 15  |   |                                     | all of your entries fro<br>mber here                 | , ,                     | ny entries for pages y    | ou have attached          | \$5,500.00   |
| Pa  | art 4: Describe                                 | e Your Financial                    | l Assets   |                         |                           |                           |  |
|     |   |                                     | al or equitable interes                              | st in any of the follow | ving?                     |                           | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16  | i. <b>Cash</b><br>Examples: I<br>□ No           | Money you hav                       | /e in your wallet, in yoι                            | ur home, in a safe dep  | osit box, and on hand w   | hen you file your petitio | n  |
|     | ■ Yes   |                                     |  |                         |                           |                           |  |
|     |   |                                     |  |                         |                           | U.S. Currency             | \$50.00  |
|     |   |                                     |  |                         |                           |                           |  |
| 17  | i   | Checking, savii                     | ngs, or other financial vou have multiple acco       |                         |                           | edit unions, brokerage h  | ouses, and other similar   |
|     | □ No  |                                     |  | Institution i           | name:                     |                           |  |
|     | Yes   |                                     |  |                         | -                         |                           |  |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 12 of 48

| Debtor 1             | Rochelle Talbert   | Document                        | Case number (if known)  |                               |
|----------------------|--|---------------------------------|---|-------------------------------|
|                      | 17.1.  | Checkir<br>Bank                 | ng and Savings account at Chase   | \$205.00                      |
|                      | ds, mutual funds, or publicly traded mples: Bond funds, investment accou   |                                 | noney market accounts   |                               |
| ■ No<br>□ Yes        |  | n or issuer name:               |   |                               |
|                      | publicly traded stock and interests<br>venture   | in incorporated and unin        | ncorporated businesses, including an interes  | t in an LLC, partnership, and |
| ■ No                 |  |                                 |   |                               |
| ☐ Yes                | s. Give specific information about the<br>Name of enti   |                                 | % of ownership:   |                               |
| Neg                  | ernment and corporate bonds and optiable instruments include personal of the contract of the c | checks, cashiers' checks, pi    | romissory notes, and money orders.  |                               |
| ☐ Yes                | s. Give specific information about the<br>Issuer name  |                                 |   |                               |
|                      | , , ,  | n, 401(k), 403(b), thrift savii | ngs accounts, or other pension or profit-sharing  | plans                         |
| ☐ Yes                | s. List each account separately.<br>Type of accoun   | t: Institution                  | n name:   |                               |
| Your                 |  |                                 | ontinue service or use from a company<br>electric, gas, water), telecommunications compan | ies, or others                |
| ■ No<br>□ Yes        | s  | Institution                     | n name or individual:   |                               |
| 23. <b>Annu</b> ■ No | uities (A contract for a periodic payme  | ent of money to you, either f   | for life or for a number of years)  |                               |
|                      | s Issuer name and de   | scription.                      |   |                               |
|                      | ests in an education IRA, in an acco<br>S.C. §§ 530(b)(1), 529A(b), and 529(b)   |                                 | orogram, or under a qualified state tuition pro   | gram.                         |
|                      | s Institution name and   | description. Separately file    | the records of any interests.11 U.S.C. § 521(c):  |                               |
| 25. <b>Trus</b> t    |  | roperty (other than anyth       | ning listed in line 1), and rights or powers exe  | rcisable for your benefit     |
| ☐ Yes                | s. Give specific information about the   | ·m                              |   |                               |
|                      | nts, copyrights, trademarks, trade s<br>mples: Internet domain names, websi  |                                 |   |                               |
| ☐ Yes                | s. Give specific information about the   | ·m                              |   |                               |
| Exar<br>■ No         |  | enses, cooperative associat     | tion holdings, liquor licenses, professional license                                      | es                            |
|                      | <ul><li>s. Give specific information about the<br/>or property owed to you?</li></ul>  | HI                              |   | Current value of the          |
| MOULEV               | n property owed to you!  |                                 |   | Current value of tile         |

portion you own?
Do not deduct secured claims or exemptions.

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 13 of 48

Rochelle Talbert Case number (if known)

| 28. Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  No Yes. Give specific information |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  □ No  ■ Yes. Give specific information  Child Support   |  |  |  |  |  |  |  |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No ■ Yes. Give specific information  Child Support   |  |  |  |  |  |  |  |
| Child Support   | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   | 620.00   |  |  |  |  |  |  |
| 30. Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Securit benefits; unpaid loans you made to someone else   | у  |  |  |  |  |  |  |
| ■ No □ Yes. Give specific information   |  |  |  |  |  |  |  |
| 31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  |  |  |  |  |  |  |  |
| Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or re value:   | fund   |  |  |  |  |  |  |
| <ul> <li>32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information</li> </ul>                                  |  |  |  |  |  |  |  |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue   |  |  |  |  |  |  |  |
| Yes. Describe each claim  |  |  |  |  |  |  |  |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims  No  |  |  |  |  |  |  |  |
| ☐ Yes. Describe each claim  |  |  |  |  |  |  |  |
| 35. Any financial assets you did not already list  ■ No □ Yes. Give specific information  |  |  |  |  |  |  |  |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | 5.00   |  |  |  |  |  |  |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |  |  |  |  |  |  |  |
| 37. Do you own or have any legal or equitable interest in any business-related property?  No. Go to Part 6.  Yes. Go to line 38.  |  |  |  |  |  |  |  |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.  |  |  |  |  |  |  |  |

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Filed 09/12/17 Entered 09/12/17 12:36:48 Case 17-28514-CMG Doc 1 Page 14 of 48 Document Debtor 1 Case number (if known) **Rochelle Talbert** ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$5,500.00 Part 4: Total financial assets, line 36 58. \$875.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 62. Total personal property. Add lines 56 through 61... \$6,375.00 Copy personal property total \$6,375.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,375.00

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 15 of 48

| Fill in this information to identify your case: |                          |                        |           |                                    |  |  |  |
|---|--------------------------|------------------------|-----------|------------------------------------|--|--|--|
| Debtor 1  | Rochelle Talbert         |                        |           |                                    |  |  |  |
|   | First Name               | Middle Name            | Last Name |                                    |  |  |  |
| Debtor 2  |                          |                        |           |                                    |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name            | Last Name |                                    |  |  |  |
| United States Ba                                | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |                                    |  |  |  |
| Case number                                     |                          |                        |           |                                    |  |  |  |
| (if known)                                      |                          |                        |           | Check if this is an amended filing |  |  |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)               |  |  |   |                           |  |  |  |  |  |
|----|--|--|--|---|---------------------------|--|--|--|--|--|
|    | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                                       |  |  |   |                           |  |  |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |  |   |                           |  |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the Amount of the exemption you claim portion you own |  | Specific laws that allow exemption                              |                           |  |  |  |  |  |
|    |  | Copy the value from Schedule A/B                                       | Check only one box for each exemption. |   |                           |  |  |  |  |  |
|    | Household Goods and Furnishings Line from Schedule A/B: 6.1  | \$5,000.00   |  | \$5,000.00  | 11 U.S.C. § 522(d)(3)     |  |  |  |  |  |
|    | Line from Schedule A/B: 0.1  |  |  | 100% of fair market value, up to any applicable statutory limit |                           |  |  |  |  |  |
|    | Clothing Line from Schedule A/B: 11.1  | \$500.00   |  | \$500.00  | 11 U.S.C. § 522(d)(3)     |  |  |  |  |  |
|    | Line Ironi Scriedule Arb. 11.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                           |  |  |  |  |  |
|    | U.S. Currency Line from Schedule A/B: 16.1   | \$50.00  |  | \$50.00   | 11 U.S.C. § 522(d)(5)     |  |  |  |  |  |
|    | Line Ironi Scriedule Arb. 10.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                           |  |  |  |  |  |
|    | Checking and Savings account at Chase Bank   | \$205.00   |  | \$205.00  | 11 U.S.C. § 522(d)(5)     |  |  |  |  |  |
|    | Line from Schedule A/B: 17.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                           |  |  |  |  |  |
|    | Child Support Line from Schedule A/B: 29.1   | \$620.00   |  | \$620.00  | 11 U.S.C. § 522(d)(10)(D) |  |  |  |  |  |
|    | Line nom Schedule A/D. <b>23.1</b>   |  |  | 100% of fair market value, up to any applicable statutory limit |                           |  |  |  |  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 16 of 48

| Del | btor 1 | Rochelle Talbert  | Case number (if known)                 |  |
|-----|--------|---|--|--|
| 3.  |        | you claiming a homestead exemption of more than \$160,375? ject to adjustment on 4/01/19 and every 3 years after that for cases filed | d on or after the date of adjustment.) |  |
|     |        | No  |  |  |
|     |        | Yes. Did you acquire the property covered by the exemption within 1,21  | 15 days before you filed this case?    |  |
|     |        | □ No  |  |  |
|     |        | □ Voc   |  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 17 of 48

| Fill in this infor  |                          |                     |           |                 |
|---------------------|--------------------------|---------------------|-----------|-----------------|
| Debtor 1            | Rochelle Talbert         |                     |           |                 |
|                     | First Name               | Middle Name         | Last Name |                 |
| Debtor 2            |                          |                     |           |                 |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |                 |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JEE | RSEY      |                 |
| Case number         |                          |                     |           |                 |
| (if known)          |                          |                     |           | ☐ Check if this |
|                     |                          |                     |           | amended fil     |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 18 of 48

| Pebtor 1  Rochelle Talbert First Name Middle Name Last Name  Debtor 2 (Spouse if, filling) First Name Middle Name Last Name Last Name  United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY   | —<br>—<br>— □ Check if this is an   |
|---|---|
| First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name   |   |
| First Name Middle Name Last Name  Debtor 2 (Spouse if, filing) First Name Middle Name Last Name   |   |
| (Spouse if, filing) First Name Middle Name Last Name  |   |
|   | Check if this is an   |
| United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY  | — ☐ Check if this is an   |
|   | ☐ Check if this is an   |
| Case number(if known)   | amended filing  |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  | 12/15   |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Aschedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with part Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims | A/B: Property (Official Form 106A/B) and on ially secured claims that are listed in out, number the entries in the boxes on the |
| 1. Do any creditors have priority unsecured claims against you?   |   |
| No. Go to Part 2.   |   |
| ☐ Yes.  |   |
| Part 2: List All of Your NONPRIORITY Unsecured Claims   |   |
| 3. Do any creditors have nonpriority unsecured claims against you?  |   |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.   |   |
| Yes.  |   |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecupant 2.   | list claims already included in Part 1. If more   |
|   | Total claim   |
| 4.1 Aargon Collection Agen Last 4 digits of account number 7187   | \$3,294.00  |
| Nonpriority Creditor's Name  8668 Spring Mountain Rd  Las Vegas, NV 89117  When was the debt incurred?  Opened 3/31/17  |   |
| Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply  |   |
| Who incurred the debt? Check one.   |   |
| ■ Debtor 1 only □ Contingent  |   |
| ☐ Debtor 2 only ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed   |   |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community ☐ Student loans  |   |
| debt ☐ Obligations arising out of a separation agreement or divorsity claims ☐ Obligations arising out of a separation agreement or divorsity claims  | orce that you did not   |
| ■ No □ Debts to pension or profit-sharing plans, and other similar  | ur debts  |
| ☐ Yes ☐ Other. Specify ☐ Collection Attorney P S E G S Corporation  | Services  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 19 of 48

| Debloi | Rochelle laibert  |  | Case number (if kn                    | ow)                                   |          |
|--------|---|--|---------------------------------------|---------------------------------------|----------|
| 4.2    | Aaron Sales & Lease Ow  Nonpriority Creditor's Name   | Last 4 digits of account number  | 3048                                  |                                       | \$744.00 |
|        | 1015 Cobb Place Blvd Nw<br>Kennesaw, GA 30144   | When was the debt incurred?  | Opened 09/13<br>6/23/14               | Last Active                           |          |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i   | is: Check all that apply              | y                                     |          |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |                                       |                                       |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans  | d claim:                              |                                       |          |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin | ū                                     | •                                     |          |
|        | ■ No □ Yes  | Other. Specify     Lease   | g plans, and other sin                | iliai debis                           |          |
| 4.3    | Aaron Sales & Lease Ow  | Last 4 digits of account number  | 3014                                  |                                       | \$672.00 |
|        | Nonpriority Creditor's Name  1015 Cobb Place Blvd Nw Kennesaw, GA 30144   | When was the debt incurred?  | Opened 09/13<br>6/23/14               | Last Active                           |          |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply              | y                                     |          |
|        | Debtor 1 only   | ☐ Contingent   |                                       |                                       |          |
|        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed   |                                       |                                       |          |
|        | ☐ At least one of the debtors and another ☐ Check if this claim is for a community                              | Type of NONPRIORITY unsecured  ☐ Student loans   | d claim:                              |                                       |          |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                                     | ration agreement or d                 | ivorce that you did not               |          |
|        | ■ No □ Yes  | ☐ Debts to pension or profit-sharin ☐ Other Specify Lease  | g plans, and other sim                | nilar debts                           |          |
|        | La Tes  | Other. Specify Lease   |                                       |                                       |          |
| 4.4    | Capital Accounts Nonpriority Creditor's Name  | Last 4 digits of account number  | 1347                                  |                                       | \$962.00 |
|        | Po Box 140065 Nashville, TN 37214 Number Street City State Zlp Code Who incurred the debt? Check one.           | When was the debt incurred?  As of the date you file, the claim                                  | Opened 04/17 is: Check all that apply | · · · · · · · · · · · · · · · · · · · |          |
|        | Debtor 1 only   | ☐ Contingent   |                                       |                                       |          |
|        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated   |                                       |                                       |          |
|        | ☐ At least one of the debtors and another ☐ Check if this claim is for a community                              | ☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans                                       | d claim:                              |                                       |          |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                                     | ration agreement or d                 | ivorce that you did not               |          |
|        | ■ No  | Debts to pension or profit-sharing   |                                       |                                       |          |
|        | ☐ Yes   | Other, Specify     Collection 2  | Attorney Comple                       | ete Laser Clinic                      |          |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 20 of 48

| Debtor | 1 Rochelle Talbert  |  | Case number (if know)                        |             |
|--------|---|--|--|-------------|
| 4.5    | Capital Collection Ser  | Last 4 digits of account number                            | 1220   | \$110.00    |
|        | Nonpriority Creditor's Name 20 E Taunton Rd # Bilg50 Berlin, NJ 08009 | When was the debt incurred?                                | Opened 11/13                                 |             |
|        | Number Street City State Zlp Code                                     | As of the date you file, the claim i                       | s: Check all that apply                      |             |
|        | Who incurred the debt? Check one.                                     |  |  |             |
|        | Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |             |
|        | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                              | d claim:                                     |             |
|        | ☐ Check if this claim is for a community                              | ☐ Student loans  |  |             |
|        | debt Is the claim subject to offset?                                  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|        | ■ No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |             |
|        | Yes   | ·  | Attornev Premier Family                      |             |
| 4.6    | Consumer Portfolio Svc  | Last 4 digits of account number                            | 2400   | \$10,352.00 |
|        | Nonpriority Creditor's Name   |  | Opened 11/14 Last Active                     |             |
|        | Po Box 57071<br>Irvine, CA 92619                                      | When was the debt incurred?                                | 3/20/15                                      |             |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim                         | s: Check all that apply                      |             |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|        | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                              | d claim:                                     |             |
|        | ☐ Check if this claim is for a community                              | ☐ Student loans  |  |             |
|        | debt Is the claim subject to offset?                                  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|        | No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |             |
|        | Yes   | Other. Specify Automobile                                  | 9  |             |
| 4.7    | Convergent Outsourcing Nonpriority Creditor's Name                    | Last 4 digits of account number                            | 4570   | \$1,118.00  |
|        | 800 Sw 39th St<br>Renton, WA 98057                                    | When was the debt incurred?                                | Opened 07/16                                 |             |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim                         | s: Check all that apply                      |             |
|        | ■ Debtor 1 only   | ☐ Contingent   |  |             |
|        | Debtor 2 only   | ☐ Unliquidated   |  |             |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|        | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured                              |  |             |
|        | ☐ Check if this claim is for a community                              | ☐ Student loans  |  |             |
|        | debt Is the claim subject to offset?                                  |  | ration agreement or divorce that you did not |             |
|        | ■ No  | ☐ Debts to pension or profit-sharin                        | g plans, and other similar debts             |             |
|        | □Yes  | ■ Other Specify Collection                                 | Attorney T-Mobile Usa                        |             |
|        | -   | - Outlot. Opcolly  |  |             |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 21 of 48

| Debtor | 1 Rochelle Talbert   |  | Case number (if know)                         |          |  |  |
|--------|--|--|---|----------|--|--|
| 4.8    | Financial Recoveries Nonpriority Creditor's Name                         | Last 4 digits of account number                            | 2023  | \$378.00 |  |  |
|        | 200 E Park Dr Ste 100  | When was the debt incurred?                                | Opened 01/17                                  |          |  |  |
| ;      | Mount Laurel, NJ 08054   |  | in Observation With at a realist              |          |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim                         | is: Check all that apply                      |          |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |
|        | Debtor 1 and Debtor 2 only   | Disputed   |   |          |  |  |
|        | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                               | d claim:                                      |          |  |  |
|        |  | ☐ Student loans  |   |          |  |  |
|        | ☐ Check if this claim is for a community debt                            |  | aration agreement or divorce that you did not |          |  |  |
|        | Is the claim subject to offset?  | report as priority claims                                  | and any desired to alverse and year and her   |          |  |  |
|        | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |  |  |
|        | ☐ Yes  | ■ Other. Specify Collection Pediatrics                     | Attorney Rutgers R W J M G                    |          |  |  |
| 4.9    | Financial Recoveries   | Last 4 digits of account number                            | 5417  | \$202.00 |  |  |
|        | Nonpriority Creditor's Name 200 E Park Dr Ste 100 Mount Laurel, NJ 08054 | When was the debt incurred?                                | Opened 05/12                                  |          |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim                         | is: Check all that apply                      |          |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |
|        | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                               | d claim:                                      |          |  |  |
|        | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |          |  |  |
|        | debt Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |  |
|        | No   | Debts to pension or profit-sharir                          |   |          |  |  |
|        | ■ No   |  |   |          |  |  |
|        | ☐ Yes  | Other. Specify Emergency                                   | Attorney Rutgers R W J M G  / Me              |          |  |  |
| 4.1    | Financial Recoveries   | Last 4 digits of account number                            | 7939  | \$202.00 |  |  |
|        | Nonpriority Creditor's Name 200 E Park Dr Ste 100                        | When was the debt incurred?                                | Opened 11/15                                  |          |  |  |
|        | Mount Laurel, NJ 08054  Number Street City State Zlp Code                | As of the date you file, the claim                         | is: Check all that apply                      |          |  |  |
|        | Who incurred the debt? Check one.  | 710 of the date you me, the claim                          | or on one an unat apply                       |          |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |
|        | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                               |   |          |  |  |
|        | Check if this claim is for a community                                   | ☐ Student loans  |   |          |  |  |
|        | debt   | ☐ Obligations arising out of a sepa                        |   |          |  |  |
|        | Is the claim subject to offset?  | report as priority claims                                  |   |          |  |  |
|        | ■ No   | Debts to pension or profit-sharing                         |   |          |  |  |
|        | Yes  | Other. Specify Collection Emergency                        | Attorney Rutgers R W J M G<br>/ Me            |          |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 22 of 48

Debtor 1 Rochelle Talbert Case number (if know)

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>18,034.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>18,034.00 |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 23 of 48

| Fill in this infor  | mation to identify your  | case:               |           |                                      |
|---------------------|--------------------------|---------------------|-----------|--------------------------------------|
| Debtor 1            | Rochelle Talbert         |                     |           |                                      |
|                     | First Name               | Middle Name         | Last Name |                                      |
| Debtor 2            |                          |                     |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY      |                                      |
| Case number         |                          |                     |           |                                      |
| (if known)          |                          |                     |           | ☐ Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 24 of 48

|  |  | Docume  | III rayt 24 U   | 1 40   |   |
|--|--|---|---|--|---|
| Fill in this in                                    | formation to identify your   | case:   |   |  |   |
| Debtor 1   | Rochelle Talbert   |   |   |  |   |
|  | First Name   | Middle Name   | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filing)                    | First Name   | Middle Name   | Last Name   |  |   |
|  | s Bankruptcy Court for the:  | DISTRICT OF NEW JEF   | RSEY  |  |   |
| Case numbe   | ır   |   |   |  |   |
| (if known)   |  |   |   |  | ☐ Check if this is an amended filing                                      |
| Official   | Form 106H  |   |   |  | amended ming  |
|  | ıle H: Your Cod  | ebtors  |   |  | 12/15   |
| 1. Do you  No Yes  2. Within Arizona, No. G Yes. [ | California, Idaho, Louisiana, to to line 3. Did your spouse, former spouse, former spouse, former spouse, former spouse, former spouse, again as a codebtor only i | you are filing a joint case, of lived in a community property Nevada, New Mexico, Puruse, or legal equivalent live ors. Do not include your fithat person is a guaran | coperty state or territor<br>erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebtor<br>tor or cosigner. Make | y? (Community propenington, and Wisconsin.)  if your spouse is filin | ng with you. List the person shown<br>he creditor on Schedule D (Official |
| out Colu   |  | Form 106E/F), or Sched  | ule G (Official Form 10   |  | Schedule E/F, or Schedule G to fill editor to whom you owe the debt       |
|  | me, Number, Street, City, State and Zl   | P Code  |   | Check all schedul  |   |
| Na Nu Cit  | imber Street   | State   | ZIP Code  | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐                   | line  |
|  | -  |   |   |  |   |
| 3.2 Na   | me   |   |   | Schedule D, lir □ Schedule E/F,                                      |   |
|  |  |   |   | ☐ Schedule G, lir  |   |
| Nu<br>Cit  | mber Street<br>y   | State   | ZIP Code  |  |   |

# Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 25 of 48

| Eill               | in this information to ide                             | antify your o                            | 200:  |  |                     |                    | Ī                    |                        |  |                                  |                 |
|--------------------|--|--|---|--|---------------------|--------------------|----------------------|------------------------|--|----------------------------------|-----------------|
|                    |  | ochelle Ta                               |   |  |                     |                    |                      |                        |  |                                  |                 |
|                    | btor 2   |  |   |  |                     |                    |                      |                        |  |                                  |                 |
| Uni                | ited States Bankruptcy C                               | Court for the                            | : DISTRICT OF NEW J   | ERSEY                                      |                     |                    |                      |                        |  |                                  |                 |
| (If kr             | se number  fficial Form 10                             | )6I                                      |   | -  |                     |                    | □ A<br>□ A<br>1:     | 3 income a             | ed filing<br>ent showing<br>as of the fo | g postpetition<br>ollowing date: |                 |
|                    | chedule I: Yo  |  | ome   |  |                     |                    | IV                   | IM / DD/ Y             | YYY                                      |                                  | 12/15           |
| sup<br>spo<br>atta | plying correct informatuse. If you are separat         | tion. If you<br>ed and you<br>this form. | sible. If two married peo<br>are married and not fili<br>r spouse is not filing w<br>On the top of any additi | ng jointly, and your ith you, do not inclu | spouse<br>ide infor | is liv<br>mati     | ing with<br>on about | you, inclu<br>your spo | ude inforn<br>ouse. If mo                | nation about<br>ore space is     | your<br>needed, |
| 1.                 | Fill in your employment information.                   | ent                                      |   | Debtor 1                                   |                     |                    |                      | Debtor 2               | or non-fi                                | ling spouse                      |                 |
|                    | If you have more than                                  |  | Employment status   | ■ Employed                                 |                     |                    |                      | ☐ Emplo                | oyed                                     |                                  |                 |
|                    | attach a separate pagi<br>information about add        |  | Employment status   | ☐ Not employed                             |                     |                    |                      | ☐ Not e                | mployed                                  |                                  |                 |
|                    | employers.   |  | Occupation  | Home Health A                              | id                  |                    |                      |                        |  |                                  |                 |
|                    | Include part-time, seas<br>self-employed work.         | sonal, or                                | Employer's name   | BAYADA Home Health Care,                   |                     |                    | е,                   |                        |  |                                  |                 |
|                    | Occupation may included or homemaker, if it app        |  | Employer's address 1460 Livingst 400  |  |                     | ston Ave, Building |                      |                        |  |                                  |                 |
|                    |  |  | How long employed t   | here?                                      |                     |                    |                      |                        |  |                                  |                 |
| Pai                | rt 2: Give Details                                     | About Mor                                | nthly Income  |  |                     |                    |                      |                        |  |                                  |                 |
|                    | mate monthly income<br>use unless you are sepa         |  | ate you file this form. If  | you have nothing to r                      | eport for           | any                | line, write          | \$0 in the             | space. Inc                               | clude your no                    | n-filing        |
|                    | ou or your non-filing spou<br>e space, attach a separa |  | ore than one employer, co   | ombine the informatio                      | n for all e         | emplo              | oyers for            | that perso             | on on the li                             | nes below. If                    | you need        |
|                    |  |  |   |  |                     |                    | For Dek              | otor 1                 |  | otor 2 or<br>ng spouse           |                 |
| 2.                 |  |  | ry, and commissions (b<br>calculate what the monthl   |  | 2.                  | \$                 | 3                    | ,754.10                | \$                                       | N/A                              |                 |
| 3.                 | Estimate and list mo                                   | nthly overt                              | ime pay.  |  | 3.                  | +\$                |                      | 0.00                   | +\$                                      | N/A                              |                 |
| 4.                 | Calculate gross Inco                                   | me. Add lir                              | ne 2 + line 3.  |  | 4.                  | \$                 | 3.75                 | 54.10                  | \$                                       | N/A                              |                 |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1                 | Rochelle Talbert  |            | Ca     | ise number ( <i>if kno</i> v | vn)            |            |                 |                |   |
|-----|-----------------------|---|------------|--------|------------------------------|----------------|------------|-----------------|----------------|---|
|     |                       |   |            | F      | For Debtor 1                 |                |            | Debtor :        |                |   |
|     | Cop                   | oy line 4 here  | 4.         | \$     | 3,754.                       | 10             | \$         | -filing s       | N/A            |   |
| E   | l int                 |   |            |        |                              |                |            |                 |                | _   |
| 5.  |                       | all payroll deductions:   | Fo         | đ      |                              |                | æ          |                 | N1/A           |   |
|     | 5a.<br>5b.            | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans   | 5a.<br>5b. |        |                              |                | \$<br>\$   |                 | N/A<br>N/A     | _   |
|     | 5c.                   | Voluntary contributions for retirement plans  | 5c.        |        |                              |                | \$<br>     |                 | N/A            | _   |
|     | 5d.                   | Required repayments of retirement fund loans  | 5d.        |        |                              |                | \$-        |                 | N/A            |   |
|     | 5e.                   | Insurance   | 5e.        |        |                              |                | \$         |                 | N/A            | _   |
|     | 5f.                   | Domestic support obligations  | 5f.        | \$     |                              |                | \$         |                 | N/A            | <u> </u>                                      |
|     | 5g.                   | Union dues  | 5g.        | . \$   | 0.0                          | 00             | \$         |                 | N/A            | <u> </u>                                      |
|     | 5h.                   | Other deductions. Specify: NJ State tax   | 5h.        | .+ \$  | 92.3                         | 34             | + \$       |                 | N/A            | <u> </u>                                      |
|     |                       | NJ Unempl EE  |            | \$     | 172.7                        | 73             | \$         |                 | N/A            | <u>.                                    </u>  |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$     | 837.9                        | <del>)</del> 8 | \$         |                 | N/A            | <u>.                                    </u>  |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$     | 2,916.                       | 12             | \$         |                 | N/A            | <u>.                                    </u>  |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | . \$   | o.(5                         | 00             | \$         |                 | N/A            |   |
|     | 8b.                   | Interest and dividends  | 8b.        |        |                              |                | - \$<br>\$ |                 | N/A<br>N/A     | _   |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce   |            | . •    |                              |                |            |                 | 1077           | <u>.                                     </u> |
|     |                       | settlement, and property settlement.  | 8c.        | . \$   | 620.0                        | )0             | \$         |                 | N/A            | <u>.                                    </u>  |
|     | 8d.                   | Unemployment compensation   | 8d.        |        |                              |                | \$         |                 | N/A            | _   |
|     | 8e.                   | Social Security   | 8e.        | . \$   | 0.0                          | )0             | \$         |                 | N/A            | <u>.</u>                                      |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:          | nce<br>8f. | \$     | S 0.0                        | 00             | \$         |                 | N/A            |   |
|     | 8g.                   | Pension or retirement income  | 8g.        | . \$   |                              |                | \$         |                 | N/A            | _   |
|     | 8h.                   | Other monthly income. Specify:  | 8h         | .+ \$  | 0.0                          | )0             | + \$       |                 | N/A            | <u> </u>                                      |
| 9.  | Add                   | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$_    | 620.0                        | )0             | \$         |                 | N/             | A   |
| 10. | Calo                  | culate monthly income. Add line 7 + line 9.   | 10.        | \$     | 3,536.12 +                   | \$             |            | N/A             | = \$           | 3,536.12                                      |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            |        | 0,000112                     | Ľ              |            |                 | Ľ              |   |
| 11. | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are necify:               | our depe   | able t | o pay expenses               |                |            | Schedule<br>11. |                | 0.00  |
| 12. |                       | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Cerlies   |            |        |                              |                |            | 12.             | \$             | 3,536.12                                      |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this for  | m?         |        |                              |                |            | L               | Combi<br>month | ned<br>ly income                              |
|     |                       | No. Yes, Explain: Debtor does not expect any change at this mo  | mont       |        |                              | —              |            |                 |                |   |

| Fill       | in this informa       | tion to identify yo                   | our case:              |  |  | 1           |                   |   |
|------------|-----------------------|---------------------------------------|------------------------|--|--|-------------|-------------------|---|
| Deb        | tor 1                 | Rochelle Tal                          | bert                   |  |  | Ch          | eck if this is:   |   |
| Dob        | tor 2                 |                                       |                        |  |  |             | An amended filing | wing postpotition aboutor                     |
|            | ouse, if filing)      |                                       |                        |  |  |             |                   | wing postpetition chapter the following date: |
| Unit       | ed States Bankr       | uptcy Court for the                   | : DISTRI               | CT OF NEW JERSEY   |  |             | MM / DD / YYYY    |   |
| Cas        | e number              |                                       |                        |  |  |             |                   |   |
| (If kı     | nown)                 |                                       |                        |  |  |             |                   |   |
| Of         | fficial Fo            | rm 106J                               |                        |  |  |             |                   |   |
| Sc         | chedule               | J: Your                               | Exper                  | nses   |  |             |                   | 12/1  |
| Be info    | as complete a         | and accurate as                       | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this                    |  |             |                   |   |
| Pari       | t 1: Descr            | ibe Your House                        | ehold                  |  |  |             |                   |   |
| ١.         | No. Go to             |                                       |                        |  |  |             |                   |   |
|            |                       |                                       | in a separ             | ate household?   |  |             |                   |   |
|            | □N                    | 0                                     |                        |  |  |             |                   |   |
|            | □ Y                   | es. Debtor 2 mus                      | st file Offici         | al Form 106J-2, Expenses   | for Separate House                     | ehold of De | ebtor 2.          |   |
| 2.         | Do you have           | e dependents?                         | □ No                   |  |  |             |                   |   |
|            | Do not list Debtor 2. | ebtor 1 and                           | ■ Yes.                 | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you?                 |
|            | Do not state          | the                                   |                        |  | _                                      |             |                   | □ No  |
|            | dependents            | names.                                |                        |  | Son                                    |             | 14                | ■ Yes   |
|            |                       |                                       |                        |  | Son                                    |             | 16                | □ No<br>■ Yes                                 |
|            |                       |                                       |                        |  |  |             |                   | □ No  |
|            |                       |                                       |                        |  | Daughter                               |             | 18                | ■ Yes   |
|            |                       |                                       |                        |  |  |             |                   | □ No  |
| 3.         | Do vour exp           | enses include                         | _                      | Na   | -                                      |             |                   | ☐ Yes   |
| 0.         | expenses of           | f people other t<br>d your depende    | han _                  | No<br>Yes  |  |             |                   |   |
| Est<br>exp | imate your ex         |                                       | our bankr              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                   |   |
| the        |                       | n assistance an                       |                        | government assistance i<br>cluded it on <i>Schedule I:</i> \               |  |             | Your exp          | penses  |
| 4.         |                       | or home owners<br>and any rent for th |                        | ses for your residence. I<br>or lot.                                       | nclude first mortgag                   | e 4.        | \$                | 1,875.00                                      |
|            | If not includ         | led in line 4:                        |                        |  |  |             |                   |   |
|            | 4a. Real e            | state taxes                           |                        |  |  | 4a.         | \$                | 0.00  |
|            |                       | rty, homeowner's                      |                        |  |  | 4b.         |                   | 0.00  |
|            |                       |                                       | •                      | upkeep expenses  |  | 4c.         |                   | 0.00  |
| 5          |                       | owner's associat                      |                        | dominium dues<br>our residence, such as ho                                 | me equity loans                        | 4d.<br>5.   | ·                 | 0.00  |

# Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 28 of 48

| Debtor '       | 1 Rochell                       | e Talbert  | Case num     | ber (if known) |                         |
|----------------|---------------------------------|--|--------------|----------------|-------------------------|
| 6. <b>Ut</b> i | ilities:                        |  |              |                |                         |
| 6a.            |                                 | /, heat, natural gas   | 6a.          | \$             | 200.00                  |
| 6b             |                                 | ewer, garbage collection   | 6b.          |                | 166.66                  |
| 6c.            |                                 | ne, cell phone, Internet, satellite, and cable services  | 6c.          | ·              | 294.00                  |
| 6d.            | •                               |  | 6d.          | ·              | 0.00                    |
|                |                                 | sekeeping supplies   | ou.<br>7.    | ·              |                         |
|                |                                 |  |              | ·              | 800.00                  |
| _              |                                 | children's education costs   | 8.           | ·              | 0.00                    |
|                | -                               | dry, and dry cleaning  | 9.           | \$             | 0.00                    |
|                |                                 | products and services  | 10.          | ·              | 50.00                   |
|                |                                 | ental expenses   | 11.          | \$             | 20.00                   |
|                |                                 | n. Include gas, maintenance, bus or train fare.  | 12.          | \$             | 0.00                    |
|                |                                 | car payments.  |              | ·              |                         |
|                |                                 | , clubs, recreation, newspapers, magazines, and books  | 13.          |                | 0.00                    |
|                |                                 | tributions and religious donations   | 14.          | <b>&gt;</b>    | 0.00                    |
|                | surance.                        | Secure and deducted from the secure and the base of the Control of |              |                |                         |
|                |                                 | insurance deducted from your pay or included in lines 4 or 20.   | 150          | ¢              | 0.00                    |
|                | a. Life insur                   |  | 15a.         | ·              | 0.00                    |
| _              | b. Health in                    |  | 15b.         | ·              | 0.00                    |
|                | c. Vehicle ir                   |  | 15c.         |                | 0.00                    |
|                |                                 | urance. Specify:   | 15d.         | \$             | 0.00                    |
| _              |                                 | nclude taxes deducted from your pay or included in lines 4 or 20.  |              |                |                         |
|                | ecify:                          |  | 16.          | \$             | 0.00                    |
|                |                                 | lease payments:  |              |                |                         |
| 17             | <ul> <li>a. Car paym</li> </ul> | nents for Vehicle 1  | 17a.         | \$             | 0.00                    |
| 17             | <ul><li>b. Car paym</li></ul>   | nents for Vehicle 2  | 17b.         | \$             | 0.00                    |
| 17             | c. Other. Sp                    | pecify:  | 17c.         | \$             | 0.00                    |
| 17             | d. Other. Sp                    | pecify:  | 17d.         | \$             | 0.00                    |
|                |                                 | s of alimony, maintenance, and support that you did not report as  | <del></del>  |                |                         |
|                |                                 | your pay on line 5, Schedule I, Your Income (Official Form 106I).  |              | \$             | 0.00                    |
|                |                                 | ts you make to support others who do not live with you.  |              | \$             | 0.00                    |
| Sp             | ecify:                          |  | 19.          |                |                         |
| ). <b>O</b> t  | her real prop                   | perty expenses not included in lines 4 or 5 of this form or on School  | edule I: Yo  | our Income.    |                         |
|                |                                 | es on other property   | 20a.         |                | 0.00                    |
| 20             | b. Real esta                    | ate taxes  | 20b.         | \$             | 0.00                    |
| 20             | c. Property.                    | homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                    |
|                |                                 | ince, repair, and upkeep expenses  | 20d.         |                | 0.00                    |
|                |                                 | ner's association or condominium dues  | 20e.         |                | 0.00                    |
| _              |                                 |  |              | +\$            |                         |
| . 01           | her: Specify:                   |  |              | <b>-</b> φ     | 0.00                    |
| 2. <b>Ca</b>   | lculate your                    | monthly expenses   |              |                |                         |
|                | •                               | 4 through 21.  |              | \$             | 3,405.66                |
| 22             | b. Copy line 2                  | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                         |
|                |                                 | 2a and 22b. The result is your monthly expenses.   |              | \$             | 2 405 66                |
| 22             | c. Auu IIIIE Zz                 | za anu zzb. The result is your monthly expenses.   |              | φ              | 3,405.66                |
| 3. <b>Ca</b>   | lculate your                    | monthly net income.  |              |                |                         |
|                | •                               | e 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 3,536.12                |
|                |                                 | ur monthly expenses from line 22c above.   | 23b.         |                | 3,405.66                |
|                |                                 |  | 200.         |                | 3,703.00                |
| 23             | c. Subtract                     | your monthly expenses from your monthly income.  |              |                |                         |
| 20             |                                 | It is your monthly net income.   | 23c.         | \$             | 130.46                  |
|                |                                 | ,  |              | L              |                         |
| 4. <b>Do</b>   | you expect                      | an increase or decrease in your expenses within the year after yo  | ou file this | form?          |                         |
| For            | r example, do y                 | ou expect to finish paying for your car loan within the year or do you expect you  |              |                | e or decrease because o |
|                |                                 | e terms of your mortgage?  |              |                |                         |
|                | No.                             |  |              |                |                         |
|                | Yes.                            | Explain here:  |              |                |                         |
|                | 100.                            | 1  |              |                |                         |

# Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 29 of 48

| Fill in this infor  | mation to identify your   | case:                           |                             |                       |                            |
|---------------------|---------------------------|---------------------------------|-----------------------------|-----------------------|----------------------------|
| Debtor 1            | Rochelle Talbert          |                                 |                             |                       |                            |
|                     | First Name                | Middle Name                     | Last Name                   |                       |                            |
| Debtor 2            |                           |                                 |                             |                       |                            |
| (Spouse if, filing) | First Name                | Middle Name                     | Last Name                   |                       |                            |
| United States Ba    | ankruptcy Court for the:  | DISTRICT OF NEW JERSEY          |                             |                       |                            |
| Case number         |                           |                                 |                             |                       |                            |
| (if known)          |                           |                                 |                             |                       | Check if this is an        |
|                     |                           |                                 |                             |                       | amended filing             |
|                     |                           |                                 |                             |                       |                            |
|                     |                           |                                 |                             |                       |                            |
| Official For        | m 106Dec                  |                                 |                             |                       |                            |
|                     |                           | an Individual De                | htar's Sahadı               | ıloc                  |                            |
| Declara             | lion About a              | an individual De                | biol 5 Schedi               | iles                  | 12/15                      |
|                     |                           |                                 |                             |                       |                            |
| If two married p    | eople are filing togethe  | r, both are equally responsible | for supplying correct infor | mation.               |                            |
| You must file th    | is form whenever you fi   | ile bankruptcy schedules or am  | ended schedules. Making     | a false statement, co | oncealing property, or     |
|                     |                           | n connection with a bankruptcy  |                             |                       |                            |
|                     | Í8 U.S.C. §§ 152, 1341, 1 |                                 | ·                           | . , , ,               | •                          |
|                     |                           |                                 |                             |                       |                            |
|                     |                           |                                 |                             |                       |                            |
| Sig                 | n Below                   |                                 |                             |                       |                            |
|                     |                           |                                 |                             |                       |                            |
| Did you pa          | y or agree to pay some    | one who is NOT an attorney to   | help you fill out bankruptc | y forms?              |                            |
|                     |                           |                                 |                             |                       |                            |
| ■ No                |                           |                                 |                             |                       |                            |
| □ Yes.              | Name of person            |                                 |                             | Attach Bankruptcv P   | etition Preparer's Notice, |
|                     |                           |                                 |                             |                       | nature (Official Form 119) |
|                     |                           |                                 |                             |                       |                            |
|                     |                           |                                 |                             |                       |                            |
|                     |                           | that I have read the summary a  | nd schedules filed with thi | s declaration and     |                            |
| that they ar        | e true and correct.       |                                 |                             |                       |                            |
| X /s/ Ro            | chelle Talbert            |                                 | X                           |                       |                            |
|                     | elle Talbert              | _                               | Signature of Debtor 2       |                       |                            |
| Signatu             | ire of Debtor 1           |                                 | -                           |                       |                            |

Date

Date September 12, 2017

# Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 30 of 48

| Fill   | in this inform    | ation to identify you                        | r case:                         |                                  |   |                                    |
|--------|-------------------|--|---------------------------------|----------------------------------|---|------------------------------------|
| Deb    | otor 1            | Rochelle Talbert                             |                                 |                                  |   |                                    |
| Doh    | otor 2            | First Name                                   | Middle Name                     | Last Name                        |   |                                    |
|        | use if, filing)   | First Name                                   | Middle Name                     | Last Name                        |   |                                    |
| Unit   | ted States Ban    | kruptcy Court for the:                       | DISTRICT OF NEW JER             | SEY                              |   |                                    |
| Cas    | se number         |  |                                 |                                  |   |                                    |
| (if kn |                   |  |                                 |                                  |   | Check if this is an amended filing |
|        |                   |  |                                 |                                  |   | intended filling                   |
| ~ .    | <i>.</i> –        | 4.07   |                                 |                                  |   |                                    |
| _      | ficial For        |  |                                 |                                  |   |                                    |
| Sta    | atement           | of Financial                                 | Affairs for Individ             | duals Filing for B               | ankruptcy   | 4/16                               |
|        |                   |  |                                 |                                  | equally responsible for sup                                   |                                    |
|        |                   | ore space is needed,<br>). Answer every ques | •                               | this form. On the top of any     | additional pages, write you                                   | ur name and case                   |
|        |                   | ,  |                                 |                                  |   |                                    |
|        |                   |  | rital Status and Where You      | Lived Before                     |   |                                    |
| 1.     | What is your      | current marital statu                        | is?                             |                                  |   |                                    |
|        | ☐ Married         |  |                                 |                                  |   |                                    |
|        | ■ Not marr        | ried   |                                 |                                  |   |                                    |
| 2.     | During the la     | st 3 years, have you                         | lived anywhere other than       | where you live now?              |   |                                    |
|        | ■ No              |  |                                 |                                  |   |                                    |
|        | _                 | all of the places you li                     | ived in the last 3 years. Do no | ot include where you live now    |   |                                    |
|        |                   |  | ·                               | ·                                |   | D. ( D.) (                         |
|        | Debtor 1 Pri      | or Address:                                  | Dates Debtor 1 lived there      | Debtor 2 Prior Ad                | aress:  | Dates Debtor 2<br>lived there      |
| ,      | Within the le     | ot 9 years, did you a                        | ver live with a speuce or les   | ral aquivalent in a commun       | ity proporty state or torritor                                | u2 (Community proporty             |
|        |                   |  |                                 |                                  | ity property state or territor<br>co, Texas, Washington and V |                                    |
|        | <b>-</b>          |  |                                 |                                  |   |                                    |
|        | ■ No □ Yes. Mal   | ke sure vou fill out Sch                     | nedule H: Your Codebtors (O     | fficial Form 106H)               |   |                                    |
|        |                   | ke sure you lill out Scr                     | leddie 11. Todi Codebiois (O    | modification 1001).              |   |                                    |
| Par    | t 2 Explain       | the Sources of You                           | r Income                        |                                  |   |                                    |
| 4      | Did you have      | any income from an                           | anleyment or from energtin      |                                  | or or the two provious cale                                   | nder veere?                        |
| 4.     |                   |  |                                 | all businesses, including part-  | ear or the two previous cale time activities.                 | nuar years :                       |
|        | If you are filing | g a joint case and you                       | have income that you receive    | e together, list it only once un | der Debtor 1.   |                                    |
|        | □ No              |  |                                 |                                  |   |                                    |
|        | Yes. Fill         | in the details.                              |                                 |                                  |   |                                    |
|        |                   |  | Debtor 1                        |                                  | Debtor 2  |                                    |
|        |                   |  | Sources of income               | Gross income                     | Sources of income   | Gross income                       |
|        |                   |  | Check all that apply.           | (before deductions and           | Check all that apply.   | (before deductions                 |
|        |                   |  |                                 | exclusions)                      |   | and exclusions)                    |
|        |                   | of current year until                        | ■ Wages, commissions,           | \$20,676.00                      | ☐ Wages, commissions,   |                                    |
| uie    | uate you filed    | l for bankruptcy:                            | bonuses, tips                   |                                  | bonuses, tips   |                                    |
|        |                   |  | Operating a business            |                                  | ☐ Operating a business  |                                    |

Official Form 107

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 31 of 48

Rochelle Talbert Case number (if known)

| Del  | otor 1 Ro  | chelle Ta                                    | lbert  | Case number (if known)                           |  |                                     |   |                                  |  |                                |   |  |
|------|--|--|--|--|--|-------------------------------------|---|----------------------------------|--|--------------------------------|---|--|
|      |  |  |  |  |  |                                     |   |                                  |  |                                |   |  |
|      |  |  |  | Debtor 1   |  |                                     |   |                                  | Debtor 2   |                                |   |  |
|      |  |  |  | Sources of<br>Check all th                       |  |                                     | s income<br>e deductions a<br>sions)                | and                              | Sources of inc<br>Check all that a   |                                | Gross income<br>(before deductions<br>and exclusions) |  |
|      | For last calendar year: (January 1 to December 31, 2016) |  |  |  | commissions,   |                                     | \$0   | .00                              | ☐ Wages, combonuses, tips  | missions,                      |   |  |
|      |  |  |  | ☐ Operatin                                       | g a business   |                                     |   |                                  | ☐ Operating a  | business                       |   |  |
| 5.   | Include include and other winnings.                      | come regard<br>public bene<br>If you are fil | dless of whet<br>fit payments;<br>ing a joint ca | her that incom<br>pensions; ren<br>se and you ha | tal income; intere<br>ve income that yo              | mples of<br>est; divid<br>ou receiv | f other income<br>lends; money oved together, li    | are ali<br>collecte<br>ist it or | mony; child supp<br>ed from lawsuits;<br>Ily once under De<br>at you listed in lin | royalties; and<br>ebtor 1.     | curity, unemployment<br>I gambling and lottery        |  |
|      | ☐ Yes.   | Fill in the de                               | etails.  |  |  |                                     |   |                                  |  |                                |   |  |
|      |  |  |  | Debtor 1<br>Sources of<br>Describe be            |  | each s                              | s income from<br>source<br>e deductions a<br>sions) |                                  | Debtor 2<br>Sources of inc<br>Describe below                                       |                                | Gross income<br>(before deductions<br>and exclusions) |  |
| Par  | t 3: List  | Cortain Ba                                   | wmonte Voi                                       | ı Mada Bafarı                                    | You Filed for E                                      |                                     | ,   |                                  |  |                                |   |  |
| ı aı | LIST   | Certain r                                    | iyiileiits i ot                                  | Made Belore                                      | F TOUT HEUTOLE                                       | Janki upi                           | icy   |                                  |  |                                |   |  |
| 6.   | Are either ☐ No.   | Neither D                                    | ebtor 1 nor                                      | Debtor 2 has                                     | arily consumer<br>orimarily consumally, or household | mer deb                             |   | debts                            | are defined in 11  | U.S.C. § 101                   | (8) as "incurred by an                                |  |
|      |  |  | 90 days bef                                      | ore you filed fo                                 | r bankruptcy, dic                                    | d you pay                           | y any creditor a                                    | a total                          | of \$6,425* or mo  | re?                            |   |  |
|      |  | □ No.  | Go to line                                       |  |  |                                     |   |                                  |  |                                |   |  |
|      |  | ☐ Yes  | paid that c<br>not include                       | reditor. Do not payments to a                    | include payment<br>an attorney for th                | ts for dor<br>iis bankrı            | mestic support<br>uptcy case.                       | obliga                           |  | ild support ar                 | e total amount you<br>nd alimony. Also, do            |  |
|      | ■ Yes.   |  |  |  | orimarily consul<br>or bankruptcy, dic               |                                     |   | a total                          | of \$600 or more?  |                                |   |  |
|      |  | No.  | Go to line                                       | 7.   |  |                                     |   |                                  |  |                                |   |  |
|      |  | ☐ Yes  | include pa                                       |  | nestic support ob                                    |                                     |   |                                  | the total amount ort and alimony.  |                                | creditor. Do not<br>nclude payments to ar             |  |
|      | Creditor'  | s Name an                                    | d Address  | 1  | Dates of paymer                                      | nt                                  | Total amou  |                                  | Amount you still owe   | Was this pa                    | ayment for  |  |
| 7.   | Insiders in of which y                                   | clude your i                                 | relatives; any<br>fficer, directo                | general partn<br>r, person in co                 | ers; relatives of a<br>ntrol, or owner of            | any gene<br>f 20% or                | eral partners; p<br>more of their v                 | artners                          |  | u are a gener<br>ny managing a | al partner; corporation<br>agent, including one for   |  |
|      | ■ No   |  |  |  |  |                                     |   |                                  |  |                                |   |  |
|      | ☐ Yes.   | List all payr                                | ments to an ir                                   | nsider.  |  |                                     |   |                                  |  |                                |   |  |
|      | Insider's  | Name and                                     | Address  | [  | Dates of paymer                                      | nt                                  | Total amou  | nt                               | Amount you   | Reason for                     | this payment  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Page 32 of 48 Document Case number (if known)

| Del | btor 1 Rochelle Talbert  |   | Cas                  | e number (if known)      |   |
|-----|--|---|----------------------|--------------------------|---|
| 8.  | Within 1 year before you filed for bankrup   | tcy, did you make any pay                   | yments or transfer a | iny property on accou    | ınt of a debt that benefited ar                 |
|     | insider? Include payments on debts guaranteed or co  | signed by an insider.                       |                      |                          |   |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>  |   |                      |                          |   |
|     | Insider's Name and Address   | Dates of payment                            | Total amount paid    |                          | eason for this payment<br>clude creditor's name |
| Par | rt 4: Identify Legal Actions, Repossession   | ons, and Foreclosures                       |                      |                          |   |
| 9.  | Within 1 year before you filed for bankrup<br>List all such matters, including personal injur<br>modifications, and contract disputes. |   |                      |                          |   |
|     | ■ No □ Yes. Fill in the details.   |   |                      |                          |   |
|     | Case title Case number   | Nature of the case                          | Court or agency      | St                       | atus of the case                                |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo  |   | erty repossessed, f  | oreclosed, garnished     | , attached, seized, or levied?                  |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |   |                      |                          |   |
|     | Creditor Name and Address  | Describe the Property  Explain what happene |                      | Date                     | Value of the property                           |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  ■ No □ Yes. Fill in the details.                   | ıptcy, did any creditor, inc                |                      | nancial institution, set | off any amounts from your                       |
|     | Creditor Name and Address  | Describe the action the                     | e creditor took      | Date action taken        | on was Amoun                                    |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or   | tcy, was any of your propanother official?  | erty in the possessi | ion of an assignee for   | the benefit of creditors, a                     |
|     | No No  |   |                      |                          |   |
|     | ☐ Yes  |   |                      |                          |   |
| Par | tt 5: List Certain Gifts and Contributions   |   |                      |                          |   |
| 13. | Within 2 years before you filed for bankru  No   | ptcy, did you give any gift                 | s with a total value | of more than \$600 pe    | r person?                                       |
|     | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600   | Describe the gifts                          |                      | Dates you                | u qave Value                                    |
|     | per person   | Describe the gifts                          |                      | the gifts                | i gave value                                    |
|     | Person to Whom You Gave the Gift and Address:  |   |                      |                          |   |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co  |   | s or contributions v | with a total value of m  | ore than \$600 to any charity                   |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name   | tal Describe what you                       | u contributed        | Dates you contribute     |   |
|     | Address (Number, Street, City, State and ZIP Code)   |   |                      |                          |   |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 33 of 48

Debtor 1 Rochelle Talbert Case number (if known)

|     | or gambling?   |  |  |   |  |                        |  |  |  |  |  |  |
|-----|--|--|--|---|--|------------------------|--|--|--|--|--|--|
|     | ■ No   |  |  |   |  |                        |  |  |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | Describe the property you lost and   | Describe any insurance coverage for the loss |  |   | Date of your                             | Value of property      |  |  |  |  |  |  |
|     | how the loss occurred  |  | the amount that insurance has paid. Li ce claims on line 33 of Schedule A/B: I | loss                                    | lost                                     |                        |  |  |  |  |  |  |
| Par | t 7: List Certain Payments or Transfer   | rs   |  |   |  |                        |  |  |  |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | □ No   |  |  |   |  |                        |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  |  | Description and value of any prope transferred                                 | Date payment<br>or transfer was<br>made | Amount of payment                        |                        |  |  |  |  |  |  |
|     | Rudikh & Associates, LLC<br>223 Highway 18<br>Suite 108<br>East Brunswick, NJ 08816  |  |  |   | 09/12/17                                 | \$1,300.00             |  |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address   |  | Description and value of any proper transferred                                | erty                                    | Date payment or transfer was made        | Amount of payment      |  |  |  |  |  |  |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details. |  |  |   |  |                        |  |  |  |  |  |  |
|     | Person Who Received Transfer Address   |  | Description and value of property transferred                                  |   | any property or received or debts change | Date transfer was made |  |  |  |  |  |  |
|     | Person's relationship to you   |  |  | P 111 OX                                | 9+                                       |                        |  |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  |  |  |   |  |                        |  |  |  |  |  |  |
|     | Name of trust  |  | Description and value of the property transferred                              |   |  | Date Transfer was made |  |  |  |  |  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 34 of 48

Debtor 1 Rochelle Talbert Case number (if known)

| Par | t 8:   | List of Certain Financial Accounts, In   | strur  | ments, Safe Deposi  | t Boxes, and Sto              | rage Ur  | nits  |   |  |  |  |  |
|-----|--|--|--|---|-------------------------------|----------|---|---|--|--|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |  |  |   |                               |          |   |   |  |  |  |  |
|     |  | es. Fill in the details.   |  |   |                               |          | Data assessment was   | l and balance                                 |  |  |  |  |
|     |  | e of Financial Institution and<br>ess (Number, Street, City, State and ZIP   |  | st 4 digits of count number                                   | Type of account or instrument |          | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
|     | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |  |  |   |                               |          |   |   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |   |                               |          |   |   |  |  |  |  |
|     |  | e of Financial Institution<br>less (Number, Street, City, State and ZIP Code)  |  | Who else had acc<br>Address (Number, S<br>State and ZIP Code) | nber, Street, City,           |          | e the contents  | Do you still have it?                         |  |  |  |  |
| 22. | Have   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?                            |  |   |                               |          |   |   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |   |                               |          |   |   |  |  |  |  |
|     |  | e of Storage Facility ess (Number, Street, City, State and ZIP Code)   | Who else has o to it?  Address (Number State and ZIP Code) |   |                               | Describ  | e the contents  | Do you still have it?                         |  |  |  |  |
| Par | t 9:   | Identify Property You Hold or Contro   | l for S  | Someone Else  |                               |          |   |   |  |  |  |  |
| 23. |  | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. |  |   |                               |          |   |   |  |  |  |  |
|     | _  | No<br>/es. Fill in the details.  |  |   |                               |          |   |   |  |  |  |  |
|     |  | er's Name<br>ess (Number, Street, City, State and ZIP Code)  |  | Where is the proj<br>(Number, Street, City, S<br>Code)        |                               |          | e the property  | Value   |  |  |  |  |
| Par | t 10:  | Give Details About Environmental Int   | forma  | ation   |                               |          |   |   |  |  |  |  |
| For | the pu   | rpose of Part 10, the following definit  | ions   | apply:  |                               |          |   |   |  |  |  |  |
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  |  |  |   |                               |          |   |   |  |  |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it to own, operate, or utilize it, including disposal sites.   |  |  |   |                               |          |   |   |  |  |  |  |
|     |  | dous material means anything an end<br>dous material, pollutant, contaminant   |  |   | as a nazardous                | waste, r | nazardous substance, toxid                                    | ; substance,                                  |  |  |  |  |
| Rep | ort all  | notices, releases, and proceedings th  | nat yo   | ou know about, reg  | ardless of when               | they oc  | curred.   |   |  |  |  |  |
| 24. | Has a  | as any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?                  |  |   |                               |          |   |   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |   |                               |          |   |   |  |  |  |  |
|     |  | e of site<br>ess (Number, Street, City, State and ZIP Code)  |  | Governmental un<br>Address (Number, S<br>ZIP Code)            |                               | Env      | ironmental law, if you<br>w it                                | Date of notice                                |  |  |  |  |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 35 of 48

Debtor 1 Rochelle Talbert Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rochelle Talbert Signature of Debtor 2 **Rochelle Talbert** Signature of Debtor 1 Date September 12, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No ☐ Yes. Name of Person \_ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 36 of 48

Debtor 1 Rochelle Talbert Case number (if known)

### Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Mai Document Page 37 of 48

| Fill in this infor  | mation to identify your  | case:                  |           |  |
|---------------------|--------------------------|------------------------|-----------|--|
| Debtor 1            | Rochelle Talbert         |                        |           |  |
|                     | First Name               | Middle Name            | Last Name |  |
| Debtor 2            |                          |                        |           |  |
| (Spouse if, filing) | First Name               | Middle Name            | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |  |
| Case number         |                          |                        |           |  |

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Creditor's   | Identify the creditor and the property that is collateral | What do you intend to do with the property that<br>secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|---|
| name:  Description of property and redeem it.  Description of property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Creditor's Retain the property and redeem it.  Retain the property and [explain]:  Creditor's Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Description of Retain the property and [explain]:  Creditor's Retain the property and [explain]:  Creditor's Surrender the property and redeem it.  Retain the property and redeem it.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  |   | _  | _   |
| Description of property securing debt:  Creditor's same: Surrender the property and enter into a Reaffirmation Agreement. Securing debt: Surrender the property and [explain]: Surrender the property and redeem it. Securing debt: Surrender the property and enter into a Retain the property and enter into a Reaffirmation Agreement. Securing debt: Surrender the property and [explain]: Surrender the property and redeem it. Surrender the property and [explain]: Surrender the property and redeem it. Surrender the property and redeem it. Surrender the property and enter into a Reaffirmation Agreement. Securing debt: Retain the property and enter into a Reaffirmation Agreement. Securing debt: Retain the property and [explain]: Securing debt: Retain the property and [explain]: Securing debt: Securing debt: Securing debt: Securing debt: Securing depting and enter into a Retain the property and [explain]: Securing debt: Securing debt: Securing debt: Securing debt: Securing depting and enter into a Retain the property and [explain]: Securing debt: Securi |   | ☐ Surrender the property.  | □ No  |
| Description of property securing debt:  Creditor's   | name:   |  |   |
| property securing debt:  Creditor's name:  Description of property securing debt:  Creditor's  Description of property securing debt:  Creditor's name:  Cre | Description of  |  | ⊔ Yes   |
| Creditor's name:  Description of property securing debt:  Creditor's Description of property securing debt:  Creditor's name:  Description of property securing debt:  Creditor's name:  Description of property name:  Creditor's name:  Description of property name:  Retain the property and [explain]:  Retain the property and redeem it. Retain the property and enter into a property Retain the property and enter into a neaffirmation Agreement. Retain the property and [explain]:  Pescription of property Retain the property and [explain]:   | property  |  |   |
| name:    Retain the property and redeem it.   Yes  | securing debt:  |  |   |
| name:  Description of Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Retain the property and [explain]:  Creditor's Sourrender the property.  Retain the property and redeem it.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Pescription of Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  | Creditor's  | ☐ Surrender the property.  | □ No  |
| Description of property securing debt:  Creditor's Securing the property and enter into a Reaffirmation Agreement.  Creditor's Securing the property and redeem it.  Description of Securing the property and enter into a Reaffirmation Agreement.  Description of Property Securing debt:  Creditor's Securing the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  | name:   |  |   |
| Description of property securing debt:  Creditor's Securing the property and [explain]:  Description of Surrender the property and redeem it.  Description of Retain the property and enter into a Reaffirmation Agreement.  Description of Property Securing debt:  Description of Retain the property and enter into a Reaffirmation Agreement.  Description of Retain the property and [explain]:   |   |  | ☐ Yes   |
| property securing debt:  Creditor's name:  Description of property property securing debt:  Retain the property and [explain]:  Retain the property Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:  | Description of  |  |   |
| Creditor's Surrender the property. No name: Surrender the property and redeem it.  Description of Retain the property and enter into a Reaffirmation Agreement.  property Securing debt: Retain the property and [explain]:  | property  | ☐ Retain the property and [explain]:                               |   |
| name:    Retain the property and redeem it.   Retain the property and enter into a Reaffirmation Agreement.   Retain the property and enter into a Reaffirmation Agreement.   Retain the property and [explain]:   | securing debt:  |  |   |
| Description of Retain the property and enter into a  Reaffirmation Agreement.  property securing debt:  Retain the property and [explain]:   | Creditor's  | ☐ Surrender the property.  | □ No  |
| Description of Reaffirmation Agreement.  property securing debt:  Reaffirmation Agreement.  Retain the property and [explain]:   | name:   | ☐ Retain the property and redeem it.                               |   |
| securing debt:   | Description of  |  | ☐ Yes   |
|  | property  | Retain the property and [explain]:                                 |   |
| Creditor's Surrender the property.   | securing debt:  |  |   |
|  | Creditor's  | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 38 of 48

| Debtor 1                                  | Rochelle Talbert   | Case number (if ki   | nown)                                  |
|---|--|--|--|
| name:  Descrip propert securin            | у  | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                            | ☐ Yes                                  |
| or any uin the info                       | rmation below. Do not list real estate   | rty Leases<br>It you listed in Schedule G: Executory Contracts and Unexplayed leases. Unexpired leases are leases that are still in effect<br>Ity lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe                                  | your unexpired personal property lea   | ases   | Will the lease be assumed?             |
| Lessor's r<br>Descriptic<br>Property:     | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Descriptic<br>Property:     | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Description<br>Property:    | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Description<br>Property:    | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Descriptic<br>Property:     | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Descriptic<br>Property:     | name:<br>on of leased  |  | □ No                                   |
| Lessor's r<br>Descriptic<br>Property:     | name:<br>on of leased  |  | □ No                                   |
| Jnder per<br>property t<br>X /s/ F<br>Roc | Sign Below  nalty of perjury, I declare that I have in hat is subject to an unexpired lease.  Rochelle Talbert  helle Talbert  ature of Debtor 1 | ndicated my intention about any property of my estate that  X  Signature of Debtor 2   |  |
| Date                                      | September 12, 2017   | Date   |  |

| Fill in this info                                  | ormation to identify your case:  |   |                                |   | irected in this form and                               | in Form                           |
|--|--|---|--------------------------------|---|--|-----------------------------------|
| Debtor 1   | Rochelle Talbert   |   | 122A-1S                        | Supp:                                   |  |                                   |
| Debtor 2<br>(Spouse, if filing)                    |  |   | <b>■</b> 1.                    | There is no pres                        | umption of abuse                                       |                                   |
| United States                                      | s Bankruptcy Court for the: District of New Je   | rsey  | <b>2</b> .                     | applies will be n                       | o determine if a presumade under Chapter 7             | •                                 |
| Case numbe   | r  |   |                                |   | icial Form 122A-2).                                    |                                   |
| (ii Kilowii)                                       |  |   | □ 3.                           |   | does not apply now be service but it could ap          |                                   |
|  |  |   | □ CI                           | heck if this is a                       | n amended filing                                       |                                   |
|  | Form 122A - 1  |   | _                              |   |  |                                   |
| Chapte   | r 7 Statement of Your Cu   | rrent Monthly   | Incom                          | e                                       |  | 12/1                              |
| attach a separ<br>case number (<br>qualifying mili | e and accurate as possible. If two married people ate sheet to this form. Include the line number to vif known). If you believe that you are exempted fro tary service, complete and file Statement of Exemple Calculate Your Current Monthly Income syour marital and filing status? Check one or | which the additional inform<br>on a presumption of abuse<br>otion from Presumption of | ation applies<br>because you   | s. On the top of a                      | ny additional pages, wri<br>narily consumer debts o    | te your name and<br>or because of |
| _  | married. Fill out Column A, lines 2-11.  | niy.  |                                |   |  |                                   |
| _  | ried and your spouse is filing with you. Fill o  | ut both Columns Δ and B   | lines 2-11                     |   |  |                                   |
|  | ried and your spouse is NOT filing with you.   |   |                                |   |  |                                   |
|  | ving in the same household and are not leg   | •   |                                | s A and B. lines 2                      | 2-11.  |                                   |
| □ Li<br>p  | iving separately or are legally separated. Fill enalty of perjury that you and your spouse are living apart for reasons that do not include evadi  | out Column A, lines 2-11<br>legally separated under r                                 | ; do not fill o<br>onbankrupt  | ut Column B. By                         | checking this box, you                                 |                                   |
| 101(10A). F<br>the 6 month                         | average monthly income that you received from all For example, if you are filing on September 15, the 6-ns, add the income for all 6 months and divide the tota on the same rental property, put the income from that p  | nonth period would be March<br>I by 6. Fill in the result. Do no                      | 1 through Au<br>ot include any | igust 31. If the amo<br>income amount m | ount of your monthly incor<br>ore than once. For examp | ne varied during<br>ble, if both  |
|  |  |   | Colu<br>Deb                    | mn A<br>tor 1                           | Column B Debtor 2 or non-filing spouse                 |                                   |
|  | ross wages, salary, tips, bonuses, overtime, deductions).  | and commissions (befo   | ore all \$                     | 3,754.10                                | \$   |                                   |
|  | y and maintenance payments. Do not include B is filled in.   | payments from a spouse  | e if                           | 620.00                                  | \$   |                                   |
| of you<br>from an<br>and roo                       | ounts from any source which are regularly por your dependents, including child support unmarried partner, members of your householommates. Include regular contributions from a spont include payments you listed on line 3.   | Include regular contribut, your dependents, pare                                      | tions<br>nts,                  | 0.00                                    | \$   |                                   |
|  | ome from operating a business, profession,   | or farm   |                                |   |  |                                   |
|  |  | Debtor 1  |                                |   |  |                                   |
|  | eceipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>   |                                |   |  |                                   |
|  | y and necessary operating expenses<br>nthly income from a business, profession, or far   | 0.00  | ere -> \$                      | 0.00                                    | \$   |                                   |
|  | ome from rental and other real property  | шф <u></u> сору   |                                |   |  |                                   |
| 5  | and said property  | Debtor 1  |                                |   |  |                                   |
| Gross r  | eceipts (before all deductions)  | \$0.00  |                                |   |  |                                   |
|  | y and necessary operating expenses   | -\$ 0.00  |                                |   |  |                                   |
| Net mo   | nthly income from rental or other real property  | \$0.00 Copy h   |                                | 0.00                                    | \$   |                                   |
| 7. Interes   | t, dividends, and royalties  |   | \$                             | 0.00                                    | \$   |                                   |

Official Form 122A-1

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Page 40 of 48 Document

Case number (if known)

Rochelle Talbert Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 \$ benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4.374.10 4.374.10 2. \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 4,374.10 Multiply by 12 (the number of months in a year) **x** 12 52,489.20 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: NJ Fill in the state in which you live. Fill in the number of people in your household. 114,886.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Rochelle Talbert **Rochelle Talbert** Signature of Debtor 1 Date September 12, 2017 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of New Jersey

| In re       | Rochelle Talbert   |  | Case N   | 0.                     |                    |
|-------------|--|--|--|------------------------|--------------------|
|             |  | Debtor(s)  | Chapte   | <b>7</b>               |                    |
|             | DISCLOSURE OF COM  | PENSATION OF ATTOR   | RNEY FOR I   | DEBTOR(S)              |                    |
| C           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the erendered on behalf of the debtor(s) in contempla                                      | e filing of the petition in bankruptcy,  | or agreed to be pa   | aid to me, for service |                    |
|             | For legal services, I have agreed to accept  |  | \$   | 1,300.00               |                    |
|             | Prior to the filing of this statement I have received  |  |  | 1,300.00               |                    |
|             | Balance Due  |  | \$   | 0.00                   |                    |
| 2. \$       | <b>0.00</b> of the filing fee has been paid.   |  |  |                        |                    |
| 3. T        | he source of the compensation paid to me was:  |  |  |                        |                    |
|             | ■ Debtor □ Other (specify):  |  |  |                        |                    |
| 4. T        | he source of compensation to be paid to me is:   |  |  |                        |                    |
|             | ■ Debtor □ Other (specify):  |  |  |                        |                    |
| 5. <b>I</b> | I have not agreed to share the above-disclosed of  | compensation with any other person   | unless they are me   | embers and associate   | es of my law firm. |
| [           | I have agreed to share the above-disclosed com copy of the agreement, together with a list of the  |  |  |                        | my law firm. A     |
| 6. I        | n return for the above-disclosed fee, I have agreed  | to render legal service for all aspect   | s of the bankrupto   | y case, including:     |                    |
| b<br>c.     | Analysis of the debtor's financial situation, and a Preparation and filing of any petition, schedules Representation of the debtor at the meeting of confidence [Other provisions as needed] | , statement of affairs and plan which  | may be required;   | -                      | oankruptcy;        |
| 7. B        | y agreement with the debtor(s), the above-disclose   | ed fee does not include the following  | service:   |                        |                    |
|             |  | CERTIFICATION  |  |                        |                    |
|             | certify that the foregoing is a complete statement on kruptcy proceeding.  | of any agreement or arrangement for  | payment to me for  | or representation of t | he debtor(s) in    |
| Se          | ptember 12, 2017   | /s/ Yakov Rudikh   | Esq.   |                        |                    |
| Da          | •  | Yakov Rudikh, Es<br>Signature of Attorne<br>Rudikh & Associa<br>223 Route 18 Sou<br>East Brunswick,<br>(732) 659-6961 F<br>rudikhlawgroup@<br>Name of law firm | sq.<br>y<br>ates, LLC<br>ith, Suite 108<br>NJ 08816<br>ax: (732) 520-6 | 422                    |                    |

Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 46 of 48

## **United States Bankruptcy Court**District of New Jersey

| District of New Jersey |                                    |  |                    |                       |  |  |
|------------------------|------------------------------------|--|--------------------|-----------------------|--|--|
| In re                  | Rochelle Talbert                   |  | Case No.           |                       |  |  |
|                        |                                    | Debtor(s)  | Chapter            | 7                     |  |  |
|                        | VERI                               | VERIFICATION OF CREDITOR MATRIX                    |                    |                       |  |  |
|                        |                                    |  |                    |                       |  |  |
| The ab                 | ove-named Debtor hereby verifies t | that the attached list of creditors is true and co | errect to the best | of his/her knowledge. |  |  |
| Date:                  | September 12, 2017                 | /s/ Rochelle Talbert                               |                    |                       |  |  |
|                        |                                    | Rochelle Talbert                                   |                    |                       |  |  |

Signature of Debtor

Aargon Collection Agen 8668 Spring Mountain Rd Las Vegas, NV 89117

Aaron Sales & Lease Ow 1015 Cobb Place Blvd Nw Kennesaw, GA 30144

Capital Accounts Po Box 140065 Nashville, TN 37214

Capital Collection Ser 20 E Taunton Rd # Bilg50 Berlin, NJ 08009

Consumer Portfolio Svc Po Box 57071 Irvine, CA 92619

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Financial Recoveries 200 E Park Dr Ste 100 Mount Laurel, NJ 08054

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Internal Revenue Service 44 South Clinton Ave Trenton, NJ 08601

Internal Revenue Services P.O. Box 9052 Andover, MA 01810-9052

New Jersey Division of Taxation PO Box 046 Trenton, NJ 08646

## Case 17-28514-CMG Doc 1 Filed 09/12/17 Entered 09/12/17 12:36:48 Desc Main Document Page 48 of 48

Surcharge Violation System State of NJ PO BOX 4850 Trenton, NJ 08650